

**PRODUCER OF WASTE (Must be filled by producer)**

Name (print or type): RESLOCK

Pick up Address: 13344 S. MAIN ST. Code No. \_\_\_\_\_

Telephone Number: (213) 327-2170 P.O. or Contract No.:

Order Placed By: \_\_\_\_\_ Date: 11-8-17

Type of Process which Produced Wastes:							
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(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

**DESCRIPTION OF WASTE (Must be filled by producer)**

**Check type of wastes:**

1. ☐ Acid solution  
2. ☐ Alkaline solution  
3. ☐ Pesticides  
4. ☐ Paint sludge  
5. ☐ Solvent  
6. ☐ Tetraethyl lead sludge  
7. ☐ Chemical toilet wastes  
8. ☐ Tank bottom sediment  
9. ☐ Oil  
10. ☐ Drilling mud  
11. ☐ Contaminated soil and sand  
12. ☐ Quarry waste  
13. ☐ Water waste  
14. ☐ Mud and water  
15. ☐ Brine

☐ Other (Specify) \_\_\_\_\_ Code No. \_\_\_\_\_

### Component 1

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

Upper	Lower	?	ppm
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1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste: ☐ pH ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 10 gal ☐ tons ☒ barrels (42 gal) ☐ other (specify)

Containers: \_\_\_\_\_ ☐ drums ☐ cartons ☐ bags ☐ other \_\_\_\_\_  
(Number) (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other \_\_\_\_\_  
(specify) \_\_\_\_\_  
(specify) \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

**HAULER OF WASTE (Must be filled by hauler)**

Name (print or type): Superior Industrial Pumping Bl

Business Address: 2501 1/2 W. Manchester Ave. Inc. Code No.

Telephone Number: 778-7642 Pick Up: (Street) (City) Time: ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: 00875 No. of Loads or Trips: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Vehicle: ☐ vacuum truck \_\_\_\_\_ barrels, ☐ flatbed, ☐ other \_\_\_\_\_ (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

**DISPOSER OF WASTE (Must be filled by disposer)**

Name (print or type) John F. Lee

Site Address: \_\_\_\_\_ Code No. \_\_\_\_\_

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

**Handling Method(s):**

- ☐ recovery
- ☐ treatment (specify):
- ☐ disposal (specify):
- Examples: incineration, neutralization, precipitation, Code No. \_\_\_\_\_
- ☐ pond ☐ spreading ☐ landfill ☐ injection well
- ☐ other (specify): \_\_\_\_\_ Code No. \_\_\_\_\_

If waste is held for disposal, where specify final location: \_\_\_\_\_

Disposal Date: 11/11/11

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**